. 0					U 10035592					
	PPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 CLAIMS AS FILED - PART I (Column 1) (Column 2) RATE FEE NUMBER FILED NUMBER EXTRA BLE CLAIMS 24 minus 20= 4 4 DENT CLAIM PRESENT In column 1 is less than zero, enter "0" in column 2 Application or Docket Number Application or Docket Number Application or Docket Nu									
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FOR	NUMBER FILED	NUMBE	REXTRA	BASIC	FEE 37	0.00	R	ASIC FEE	740.00	
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* If the difference in column 1 is less than zero, enter "0" in column 2					_	—	L	TOTAL		
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the entry in column 1 is tees than the entry in column 2, write "0" in column 3. Hithe "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20."							OR			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										